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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0851-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	2269-3259.1US
First Named Inventor	Dennison et al.
Original Patent Number	5,270,241
Original Patent Issue Date (Month/Day/Year)	12/14/93
Express Mail Label No.	EL 740549205 US

APPLICATION FOR REISSUE OF:  
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☐ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program  
(Appendix) or large table
9. Nucleotide and/or Amino Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status/support for all changes to the claims  
See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
  - ☐ Ribboned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. ☐ Other: \_\_\_\_\_

### 14. CORRESPONDENCE ADDRESS

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or ☐ Correspondence address below

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NAME (Print/Type)	Edgar R. Cataxinos	Registration No. (Attorney/Agent)	39,931
Signature	<i>E. Cataxinos</i>	Date	12/12/01

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
2269-3259.1US

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 60	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 11	**** 0	=	X\$ _____	or	X\$18=	0
(C) 6		(D) 3	* 0	=	=		X\$84=	0
				=	X\$ _____			
Basic Fee (37 CFR 1.16(h))						\$ _____		\$ 740
Total Filing Fee						\$ _____	OR	\$ 740

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 11	MINUS	** 20	* =0	X\$ _____	or	X\$18=	0
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 6	=0	X\$ _____		X\$84=	0
Total Additional Fee						\$ _____	OR	\$0

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 20-1469.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**12/12/01  
Date  
Signature of Applicant, Attorney or Agent of Record

Edgar R. Cataxinos

Typed or printed name